

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91335 009 ***150.00

DOCUMENT # **F97000000356**

1. Entity Name

Association Administrators, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
180 E. Main Street

3. Mailing Address
1720 Windward Concourse

Suite, Apt. #, etc.
150

Suite, Apt. #, etc.
Suite 250

City & State
Smithtown NY

City & State
Alpharetta GA

4. FEI Number
11-3243987

Applied For
 Not Applicable

Zip
11787

Country
USA

Zip
30005

Country
USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
MURDOCH, RICHARD A

Street Address (P.O. Box Number is Not Acceptable)
980 N. FEDERAL HWY., STE. 410

City **BOCA RATON FL** Zip Code **33432**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State.

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

President/Director
Kevin Klepper
180 E. Main Street
Smithtown NY 11787

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VP/Secretary/Director
Kathleen Connolly
180 E. Main Street
Smithtown NY 11787

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KEVIN KLEPPER

4/26/2002 631-784-9600

Date

Daytime Phone #

CR2E034B (12/01)